

BQIS Interpretive Guidelines

Residential Services and Supports Survey

December 08, 2005

Preface: These guidelines have been developed via a collaborative process involving the experience and expertise of a variety of stake holders across the state of Indiana. The intent is for them to provide parity during the survey process. Unanticipated issues may emerge that are not clearly addressed herein. Should this occur, the Bureau of Quality Improvement Services will take action as necessary to proceed in a safe and ethical manner.

Instructions: Survey questions along with the associated standard references are listed in the left hand column. Relevant interpretive guidelines are included in the column to the right of each survey question.

Individual Support Plan Section	
All individuals receiving residential services as defined in 460 IAC 7 shall have a thorough plan of services and supports (the Individualized Support Plan/ISP) that addresses their particular needs and which has been developed by the individual's support team using a Person Centered Planning approach recognizing the individual's preferences, dreams and needs and directed by an approved facilitator. The ISP will establish supports and strategies to be used over the next 12 months to accomplish outcomes identified by the PCP process which may consist of paid services and natural supports. The ISP becomes the comprehensive plan used by all providers working with an individual.	
Survey Item	Interpretive Guidelines
1. Individual's ISP developed as outlined in 460 IAC and is current. 460IAC 7-4-1; 7-5(1)(2)	<ul style="list-style-type: none"> • The signed ISP is to be provided to the individual or their legal representative. The ISP must contain a copy of the PCP summary or profile. • A copy of the ISP is to be present in the individual's personal file (home when receiving RHS and could be at the primary site of services when receiving services from the SSW). • The ISP found in the home must match the most current ISP sent to the surveyor by the case manager or BDDS Service Coordinator (for individuals not receiving waiver services) prior to the survey. Individuals who reside in their family home are not required to have the ISP in the home. • In rare situations where the ISP cannot be kept in the home (such as when an emancipated individual refuses to allow the ISP to be in her home) the ISP must describe the issue and identify where the ISP can be located. • All amendments or updates must be included with the ISP. • If the residential services provider can show evidence (copies of emails, letters, etc.) of efforts to acquire items such as the ISP that are the responsibility of another provider (such as the case manager or BDDS Service Coordinator (for individuals not receiving waiver services) to generate, they will not be cited for not having them in the home.
2. PCP directed by facilitator who has completed training by an approved BDDS entity. 460IAC 7-4-1	<ul style="list-style-type: none"> • The BQIS surveyor will verify that the facilitator has completed approved PCP training. • The facilitator's name must be listed on the ISP, not the agency they work for.
3. Personal and demographical information included in the ISP 460IAC 7-5-2	<ul style="list-style-type: none"> • Name, birth date, current address, Medicaid RID number if applicable, legal status, current living arrangement, social security number, medical insurance information if applicable, and daily routine (school, employment or other) must be included in the ISP. Surveyors will check that all information is complete, accurate and current.
4. Emergency contacts completed 460IAC7-5-4	<ul style="list-style-type: none"> • The name, phone number, mailing address, relationship to individual and alternate contact method must be listed for each emergency contact included in the ISP. • If an individual listed in the emergency contacts section does not have an alternate contact method available, "none" or "no alternate contact"

<p>5. The Person Centered Planning profile is available for review and indicates person centered planning process used. 460IAC 7-3-12; 7-3-13; 7-4-1</p>	<p>method” must be entered.</p> <ul style="list-style-type: none"> • The PCP profile (a summary of information developed in the PCP process) must be present with the ISP and be available for review. The surveyor is not looking for one particular summary format, but a collection of documents said to represent the PCP process will not be considered a profile if there is no clear, easily identified “summary of the information developed” included. • The person centered planning process is ongoing. As issues arise the plan may need to be revisited, resulting in amendments to the ISP. While the PCP does not have to be done annually, the ISP must always accurately reflect the PCP. Therefore the PCP must be updated as needed to assure that it remains current and applicable.
<p>6. Desired outcomes are individualized and based on a person centered planning process. 460IAC 7-3-12; 7-4-1, 7-5-1.</p>	<ul style="list-style-type: none"> • The person centered planning process drives and informs the development of the ISP. The surveyor will check to see that the outcomes on the ISP are directly related to the preferences, needs and dreams identified in the PCP profile. • Outcome is defined as a statement of the individual’s desires for the near future based upon his/her preferences; dreams and needs identified in the person centered planning process. An outcome is the common vision of what the support team is working together to accomplish. • Outcomes reflect the priorities of the individual and may be statements of something new the individual wants to accomplish (i.e. obtain employment in the community) or something the individual needs to maintain or preserve (i.e. regular contact with family). Outcomes emphasize the direction the individual wishes to take across several variables such as personal goals, choice, social inclusion, relationships, rights, dignity, respect, health, environment, security and satisfaction. An outcome may have several associated strategies or activities, but must have at least one strategy or activity. • The correlation between the outcomes on the ISP and the PCP should be easily discernible to the surveyor. • There is no expectation that every personal goal, choice, social inclusion etc. discussed/discovered during the PCP must be addressed with an outcome. • Specific services are not appropriate ‘desired outcomes’, but may be part of a strategy to accomplish an outcome. <u>Examples of acceptable outcomes</u> are: <ul style="list-style-type: none"> ○ <i>Jeff wants to have a job in the community.</i> ○ <i>Zack wants to continue living with his family in the family home.</i> ○ <i>Kelly wants more friends and wants to meet new people.</i> ○ <i>Janice wants to lead a busier life with more regularly scheduled activities.</i> ○ <i>Matt will develop stronger socialization skills that will enable him to have more meaningful relationships with others.</i> • Examples of unacceptable outcomes are: <ul style="list-style-type: none"> ○ <i>Joe will receive case management services.</i> ○ <i>Susan will have health needs met by Health Care R Us company.</i>
<p>7. Proposed strategies/activities are individually developed and directly related to desired outcomes. 460IAC 7-5-5 September 15, 2005 letter to providers signed by Peter Bisbecos.</p>	<ul style="list-style-type: none"> • Each outcome on the ISP requires at least one strategy or activity to accomplish the outcome, but may include several strategies to assist the individual in accomplishing the outcome. The strategies form the basis of the action plan for the support team to assist the individual in accomplishing desired outcomes. • All outcomes do not necessarily need to be addressed through paid services. The use of natural supports is strongly encouraged. • All paid services received by the individual should be reflected in the

	<p>strategies to accomplish outcomes for the individual. Likewise natural supports, when key to any given strategy, should be identified as well. Strategies and activities should be used by providers as the basis for their program/instructional/training goals and objectives.</p> <ul style="list-style-type: none"> • Strategies are developed through discussion during the development of the ISP and should contain input from all participants of the PCP process, including the individual and/or the individual's legal representative. • Habilitation or training goals/objectives and strategies/activities written by any provider must be related to and consistent with the individual's desired outcomes. • Strategies must include a metric or measurable progress component in order for the support team to monitor progress or lack of progress towards the outcome.
8. Responsible party identified for each proposed strategy/activity. 460IAC 7-5-5(b)(5)	<ul style="list-style-type: none"> • Responsible parties for paid or natural supports may be designated by their name or relationship to the individual (parent, neighbor, friend, case manager, behavior consultant, ABC company RHS staff, etc.). • The proposed strategy/activity will identify the party responsible. This is especially important in situations where an individual receives services from more than one provider or a provider provides more than one kind of service. The responsible person does not have to be a paid staff person and may include a family member, friend or other involved person. • It is possible for there to be more than one person and/or paid provider assigned as a responsible party for any given strategy/activity. • The responsible party cannot be changed unless the support team is reconvened and the ISP is amended to reflect the change in responsible party.
9. Time frame of less than 12 months for each proposed strategy/activity. 460IAC 7-5-5(b)(6)	<ul style="list-style-type: none"> • Each proposed strategy/activity designed to address the outcomes in the ISP should include a time frame that addresses the length of time needed to accomplish the strategy. This time frame cannot exceed the 12 months time span of the ISP. • Each strategy should have a time frame appropriate to the intent of the activity, varying from days to months. • Outcomes may continue over extended periods of time, but each ISP will include the strategies that address what is being done to accomplish the outcome within the 12 month life span of the particular ISP. <p><u>Examples of acceptable strategies and time frames:</u></p> <p><i>Desired outcome:</i> Linda wants to lead a busy active life that includes planned activities of interest to her in the community.</p> <p><i>Strategies/activities:</i></p> <ol style="list-style-type: none"> 1. Implement the weekly schedule of home and community activities developed by Linda and her support team. <i>Responsible parties:</i> Linda, Best Services RHS staff and Community Services, Inc CHPI staff. <i>Time frame:</i> weekly from June 1, 2004 through May 30, 2005. 2. Exercise daily for at least 30 minutes by walking at the Small Town Mall in cold weather or on the Monon Trail in good weather, riding her exercise bike at home or swimming and using workout equipment at the YMCA. <i>Responsible parties:</i> Linda, Best Services RHS staff, and Linda's trainer at the Y. <i>Time frame:</i> daily from October 1, 2004 through May 30, 2005. 3. Linda will display good manners in greeting and interacting with new people she meets in the community. <i>Responsible parties:</i> Linda, John (behavior consultant from Act Right!), Best Services RHS staff.

	<p>Time frame: on all outings in the community from June 1, 2004 through May 30, 2005.</p> <p>4. Linda will find and join a club with activities she enjoys.</p> <p>Responsible parties: Linda, her sister Ann, Best Services RHS staff.</p> <p>Time frame: Ann will investigate church fellowship group by 10/30/04. Case manager will contact community senior center by 11/30/04. Linda will choose and join a club by 12/15/04.</p>
10. Statement of agreement signed and dated by individual. 460IAC 7-5-6	<ul style="list-style-type: none"> • The ISP must contain a ‘statement of agreement’ section containing the statement, “I have been involved in the development of my Individualized Support Plan, and I agree with this Plan. I know I can appeal to DDRS if I disagree with how this plan is put into action.” • The surveyor will be checking to assure that this statement has been signed and dated by the individual or legal representative (since the signature of an individual with a legal representative is without effective value) as evidence that the individual or LAR has been involved in the development of and is in agreement with the ISP. • Case Managers or BDDS Service Coordinators (for individuals not receiving waiver services) often e-mail ISPs to residential, habilitation and other providers. Signed statement of agreement page may be a faxed or photo copy delivered separately from the e-mailed ISP. • The surveyor will check to ensure the legal representative signing is the same legal representative listed in the emergency contacts section of the ISP.
11. The ISP lists each person participating in the development of the ISP, their relationship to the individual, the date the ISP was forwarded to each participant and the method by which it was forwarded to each participant. 460IAC 7-5-7	<ul style="list-style-type: none"> • The ISP must list each person participating in the development of the ISP and their relationship to the individual. • The participants section must also list the date and method by which the ISP was forwarded to each participant and to each service provider listed on the ISP. • Signatures of participants are not required on the ISP outside of the “statement of agreement” page described in # 10 above. • Surveyors will <u>not</u> be monitoring to ensure the individual signs or is included on this participant list.
<p>Behavioral Support Services Section</p> <p>460 IAC 6 addresses the provision of Behavioral Support Services to individual’s requiring this type of support. This section applies to the items in the survey addressing the requirements for the Behavioral Support Plan which must be integrated into the ISP and monitored regularly, the organizational documentation requirements, the implementation of the BSP, and the qualifications of staff providing Behavioral Support Services. 460 IAC 6-5-4 establishes that the Behavioral Support Plan be developed by a properly credentialed professional.</p>	
12. Behavioral support plan defines target behaviors 460 IAC 6-18-2(b)	<ul style="list-style-type: none"> • The BSP must operationally define the behaviors exhibited by the individual that are being targeted for modification in a way that can be commonly recognized and understood by all parties using the BSP. • The BSP must include a description of what the individual does while engaged in the targeted behaviors.
13. Behavioral support plan based on functional analysis 460 IAC 6-18-2(c)	<ul style="list-style-type: none"> • The functional analysis (formal test of the relationship between environmental variables and the occurrence or nonoccurrence of problem behaviors) or functional assessment (process of gathering information that can be used to maximize the effectiveness and efficiency of behavioral support) is provided by the qualified behavioral specialist. • This document may be titled “Functional Analysis”, or “Functional Behavior Assessment”. It will include a clear description of the problem behavior(s), identification of events, times, and situations that predict when the problem behavior(s) will and will not occur, identification of the function the behavior(s) appear to serve for the person, a hypothesis statement(s) and direct observation data to support the hypothesis statement(s).

	<ul style="list-style-type: none"> • The functional analysis may be a separate document or be part of the BSP. It may contain a history of the behaviors, what triggers the behaviors, what occurs during the behaviors, and what helps extinguish the behaviors. It may also include an analysis or assessment of medications and interventions previously used to treat the individual, insights gained from family members and staff who have worked with the individual and conclusions drawn from any interviews, assessment, questionnaire & data collection methods that may have been done. • The functional analysis does not have to be done each time the BSP is done or updated as long as it remains current and accurate. • The BSS provider may use a functional analysis from another source (previous provider) as long as the current specialist and HSPP verifies that it is current and valid. • The BSP must be based on a functional analysis. Therefore, the functional analysis or assessment must be available to the surveyor. This may be accomplished by the surveyor requesting the functional analysis from the BSS provider in advance of the survey or by viewing it in the home at the time of the survey. • The surveyor may require that the BSS provider explain the use of the functional analysis or assessment in the development of the BSP. • The functional analysis or assessment must show evidence of current level of behavioral functioning and how the behavior impacts the individual's life overall.
14. BSP contains written guidelines for teaching functional and useful replacement behaviors. 460 IAC 6-18-2(d)	<ul style="list-style-type: none"> • The BSP must contain a description of the desired replacement behaviors and progression steps for effecting behavior replacement. For example, if an individual greets strangers by running up and hugging them and the targeted behavior is uninvited hugging, the BSP should include guidelines for teaching the individual useful replacement behavior, i.e. the proper greeting method.
15. BSP uses non-aversive methods for teaching functional and useful replacement behaviors. 460 IAC 6-18-2(e)	<ul style="list-style-type: none"> • The BSP must detail the non-aversive methods to be used in teaching functional and useful replacement behaviors throughout the individual's daily activities.
16. BSP conforms to ISP, including needs and outcomes identified in the ISP and the ISP's specifications for behavioral support services. 460 IAC 6-18-2(f)	<ul style="list-style-type: none"> • The BSP must address the behavioral needs identified in the ISP. The surveyor will compare behavioral information in the ISP to that addressed by the BSP • If behavioral needs are identified in the ISP but there is no BSP in place, the ISP (meeting issues section) must address the reason for not having a BSP.
17. BSP includes a documentation system for direct care staff including all elements noted in 460 IAC 6-18-2(h)	<ul style="list-style-type: none"> • A documentation system for direct care staff is a required element for each BSP developed for an individual. • The documentation system for direct care staff must include a method to record the dates and time of occurrences of targeted behaviors, length of time the targeted behavior lasted, a description of what precipitated the targeted behavior, a description of what helped alleviate the targeted behavior, and the signature of the staff observing and recording the targeted behavior. • It is the responsibility of the BSS provider to develop the BSP, to train staff (including the immediate staff supervisor/s and QMPR for the respective consumer that are employed with the implementing provider/s), and to develop the documentation system to record behaviors. • It is the responsibility of the implementing provider(s) to carry out the plan on a day to day basis. • Additionally, the implementing provider(s) is responsible to train staff not present during the BSS provider training, and all newly hired staff. This training can be completed using the immediate staff supervisor(s) or QMPR as trainers, if these employees have been trained on the BSP

	by the BSS provider.
18. If the BSP includes the use of medication, the BSP includes a method for assessing the use of medication and the appropriateness of a medication reduction plan or documentation that a medication reduction plan was implemented in the past five years and found to be ineffective. 460 IAC 6-18-29(i)	<ul style="list-style-type: none"> • If the individual has a BSP and is taking medication to assist in the control of the symptoms of his/her behaviors, the BSP must address how the medication reduction plan is being implemented or contain clear documentation that demonstrates why a medication reduction plan is clinically contraindicated or not appropriate or feasible at this time. • Reduction plans may take a variety of forms. Surveyors will take into account that it is sometimes difficult to assure that consulting psychiatrists adhere to the guidelines.
<i>The following items apply if a restrictive procedure (including medication or physical restraint) is used as part of the BSP. Restrictive procedures may broadly be considered those that restrict rights or access in any way (barriers, locks, alarms, restrictions to personal items, punishments), that involve reactive procedures (restraints, holds, escorts), and/or the use of psychotropic medications. The use of reactive measures must be referenced in the behavior support plan as restrictive measures.</i>	
19. Documentation that the BSP is reviewed regularly by the individual's support team. 460 IAC 6-18-2(j)6	<ul style="list-style-type: none"> • There must be documentation available for review during the survey indicating that the support team has reviewed the BSP on a regular basis. • BSPs with restrictive measures may need to be reviewed frequently to assure both effective change in behavior and that the individual's rights are not being infringed upon. • At a minimum, there should be documentation that the individual's support team has reviewed the BSP at least annually and whenever there have been changes to the plan.
20. Functional analysis of targeted behavior, if a restrictive procedure is used to manage behaviors. 460 IAC 6-18-2(j)1, 6-18-3(1)	<ul style="list-style-type: none"> • The functional analysis (formal test of the relationship between environmental variables and the occurrence or nonoccurrence of problem behaviors) or functional assessment (process of gathering information that can be used to maximize the effectiveness and efficiency of behavioral support) is provided by the qualified behavioral specialist. • This document may be titled "Functional Analysis", or "Functional Behavior Assessment". It will include a clear description of the problem behavior(s), identification of events, times, and situations that predict when the problem behavior(s) will and will not occur, identification of the function the behavior(s) appear to serve for the person, a hypothesis statement(s) and direct observation data to support the hypothesis statement(s). • The functional analysis may be a separate document or be part of the BSP. It may contain a history of the behaviors, what triggers the behaviors, what occurs during the behaviors, and what helps extinguish the behaviors. It may also include an analysis or assessment of medications and interventions previously used to treat the individual, insights gained from family members and staff who have worked with the individual and conclusions drawn from any interviews, assessment, questionnaire & data collection methods that may have been done.
21. Documentation that the risks of targeted behavior have been weighed against the risks of a restrictive procedure (medication or physical restraint) 460 IAC 6-18-2(j)(2)	<ul style="list-style-type: none"> • If a restrictive procedure is used in the BSP, there must be clear documentation that the risks associated with the targeted behaviors have been determined to outweigh risks associated with the restrictive procedure. • This information may be found in the BSP or the functional analysis/assessment, but it must be available to the surveyor for review.
22. Documentation that systemic efforts to replace targeted behavior with an adaptive skill were used and found to be ineffective. 460 IAC 6-18-2(j) (3)	<ul style="list-style-type: none"> • If a restrictive procedure is used in the BSP, there must be clear documentation that continuous attempts had been made in the past without success to replace the targeted behavior with an adaptive skill. • This information may be found in the BSP or in the functional analysis/assessment.
23. Documentation that the individual, the	<ul style="list-style-type: none"> • If a restrictive procedure is included in the BSP, there must be evidence

individual's support team and the applicable human rights committee agree that the use of the restrictive procedure is required to prevent significant harm to the individual or others. 460 IAC 6-18-2(j)(4)	<p>that the individual or individual's legal guardian, the individual's support team, and the applicable human rights committee agree that the use of the highly restrictive method is required to prevent significant harm to the individual or others.</p> <ul style="list-style-type: none"> • The evidence should include a clear description of the behavior(s) for which the restrictive procedure is to be used, a clear description of the procedure (including any medication and dosages), and that the procedure is being put in place to prevent significant harm to the individual or to others. • Documentation of the human rights committee approval must include, at minimum, the signature of the human rights committee chairperson (title of "chairperson" or equivalent must be present with signature).
24. Informed consent from the individual or the individual's legal representative. 460 IAC 6-18-2(j)(5)	<ul style="list-style-type: none"> • A signed and dated copy of the BSP indicating the approval by the individual or the individual's legal representative must be available at the site. The BSS provider is responsible for obtaining the informed consent represented by the signature to the BSP.
<p>Individual Rights/Satisfaction Section</p> <p>Providers must assure that the individual's rights, as guaranteed by the Constitution of the United States and the State of Indiana are not infringed upon. To protect the rights of individuals and to enable them to exercise their rights, a provider should provide individuals with appropriate and meaningful care, establish systems to ensure their safety and protection, provide means to support their ability to exercise their rights, and respect their right to privacy and confidentiality as outlined in 460 IAC 6-8 and 6-9.</p> <p>The Bureau of Developmental Disabilities Services places a high priority on the views of the individuals being served and their families concerning their perception of the provider's ability to protect and support the exercising of the individual's rights. Surveyors will talk with the individual or legal representative to determine their knowledge of and overall satisfaction with the systems put into place by the provider to ensure their individual rights and protections. Providers are not found out of compliance with any standard based on the feedback presented by the individual or legal representative, but the surveyor may use their response to further investigate a provider's systems to ensure compliance with standards. If a negative response is given by a respondent, the surveyor will forward the individual's concerns to the provider and to the case manager or BDDS Service Coordinator (for individuals not receiving waiver services). If those concerns are not addressed to the individual and family's satisfaction, they will be encouraged to contact the waiver Ombudsman and/or file a formal complaint.</p>	
25. Staff treat individual with respect and solicit his/her input when appropriate. 460 IAC 6-8-2 and 6-8-3.	<ul style="list-style-type: none"> • In discussion with the individual, family or legal representative, the surveyor will look for evidence that the individual is satisfied with their treatment by staff. This will generally be revealed in the opportunity to make choices, observance of staff interaction and treatment of individuals, and review of systems in place to support and protect individuals. • Surveyors do not cite for a 'no' response, but will forward the individual's or legal representative's concerns to the case manager or BDDS Service Coordinator (for individuals not receiving waiver services).
26. Individual is given choices on activities. 460 IAC 6-8-2, 6-8-3.	<ul style="list-style-type: none"> • In discussion with the individual, family or legal representative, the surveyor will look for evidence that the individual is given choices and has input into where they go and what they do (using the individual's usual mode of communication), and that the provider honors those choices to the extent feasible. • Any restriction on choices should be noted in the ISP. • Surveyors do not cite for a 'no' response, but will forward the individual's or legal representative's concerns to the case manager or BDDS Service Coordinator (for individuals not receiving waiver services).
27. Individual has access to personal possessions when staff is present. 460 IAC 6-8-2, 6-8-3.	<ul style="list-style-type: none"> • Surveyors will look for evidence that the individual is not restricted from access to his/her personal possessions unless clearly specified and justified in the ISP. • Surveyors do not cite for a 'no' response, but will forward the individual's or legal representative's concerns to the case manager or

	BDDS Service Coordinator (for individuals not receiving waiver services).
28. Individual has adequate privacy in bedroom and bathroom when staff is present. 460 IAC 6-8-2, 6-8-3.	<ul style="list-style-type: none"> Surveyors will look for evidence that the individual is accorded adequate privacy in his/her bedroom and bathroom and is treated respectfully by staff that assists the individual as needed. If situations exist which outweigh the individual's right to privacy, an explanation for each is to be found in the ISP. Surveyors do not cite for a 'no' response, but will forward the individual's or legal representative's concerns to the case manager or BDDS Service Coordinator (for individuals not receiving waiver services).
29. Individual is satisfied with how his/her money is being handled, how financial issues are being addressed and receives copies of the balanced checkbook monthly. 460 IAC 6-8-2, 6-8-3, 6-24-3	<ul style="list-style-type: none"> This item is to be addressed only to the individual or the legal representative. Surveyors will look for evidence that the individual or legal representative is satisfied with how his/her money is being handled. Surveyors do not cite for a 'no' response regarding satisfaction with how the money is being handled, but will forward the individual's or legal representative's concerns to the case manager or BDDS Service Coordinator (for individuals not receiving waiver services). The surveyor can cite for a 'no' response if account balances and records of transactions are not provided monthly to the individual or legal representative.
30. Individual is satisfied with his/her providers and is being treated the way he or she wants to be treated. 460 IAC 6-8-2, 6-8-3.	<ul style="list-style-type: none"> This question is not to be asked in the presence of any provider. The surveyor will look for evidence of the individual's, family's or legal representative's satisfaction with all service providers noted on the ISP, and the provider's ability to preserve the individual's dignity. Surveyors do not cite for a 'no' response, but will forward the individual's or legal representative's concerns to the case manager or BDDS Service Coordinator (for individuals not receiving waiver services).
31. Individual is satisfied with his/her case manager and the case manager is doing things the way the individual thinks they should be done. 460 IAC 6-19-6	<ul style="list-style-type: none"> This question is not to be asked in the presence of the case manager. The surveyor will look for evidence that the individual, family or legal representative is satisfied with the case management services received. Surveyors do not cite for a 'no' response, but will forward the individual or legal representative's concerns to the case manager or BDDS Service Coordinator (for individuals not receiving waiver services).
32. Individual knows who his/her case manager is. 460 IAC 6-19-6	<ul style="list-style-type: none"> The surveyor will be looking for evidence that the individual, family member or legal representative knows who the individual's case manager is, if not by name, then by function or by some other mechanism and has familiarity with the case manager based on frequent contact. Surveyors do not cite for a 'no' response, but will forward the individual's or legal representative's concerns to the case manager or BDDS Service Coordinator (for individuals not receiving waiver services). A 'no' response may prompt the surveyor to further review the case manager's contact history with the individual which may result in a citation for the case manager.
33. Case manager has seen or talked to the individual in the past 90 days. 460 IAC 6-19-6, 6-19-7(c)	<ul style="list-style-type: none"> The surveyor is looking for evidence that the case manager has made contact or visited the individual in the past 90 days. This item is not the sole criteria used to make that determination. The surveyor will review sign in sheets and case notes to confirm frequency of contact. If a case manager has not been in contact with the individual as required or has visited the home without signing in, the surveyor will cite in reference to the appropriate section of the standard.

34. Individual knows what to do in case of fire. 460 IAC 6-29-6, 6-29-7.	<ul style="list-style-type: none"> • The surveyor will ascertain if the individual knows what to do in case of a fire (evacuate the setting, meet at a specific location, etc.). • If the individual is unable to communicate this information, the surveyor will look for evidence of training in safety procedures. • If the individual is not capable of responding to an emergency, the surveyor will look for evidence that staff are trained and can respond to the emergency.
35. Individual knows what to do in case of a tornado. 460 IAC 6-29-6, 6-29-7.	<ul style="list-style-type: none"> • The surveyor will ascertain if the individual knows what to do in case of a tornado (go into bathroom, basement, or other safe room, etc.). • If the individual is unable to communicate this information, the surveyor will look for evidence of training in safety procedures.
36. Individual knows what to do if he/she smells gas. 460 IAC 6-29-6, 6-29-7.	<ul style="list-style-type: none"> • If the individual lives in a residential setting where natural gas is not in use (all electric), this item does not apply. • The surveyor will ascertain if the individual knows what to do if he/she smells gas. • If the individual is unable to communicate this information, the surveyor will look for evidence of training in safety procedures.
37. This item is not currently used.	
Health Care Coordination Section This section of the standards addresses the elements associated with the coordination of the individual's health care. The provider identified in the ISP as responsible for the individual's health care (other than a family member) is responsible to develop a written plan to coordinate the health care needs of the individual, including routine examinations, follow up on physician's recommendations, medication administration, and monitoring of the side effects of medications. Items 40-55 are addressed to providers of health care coordination as identified on the ISP. Item 56 is addressed to the individual or family member if the individual or family member is identified on the ISP as responsible for health care coordination.	
38. This item is not currently used.	While the surveyor will not ask this particular question, he/she will have asked for a copy of the individual's most recent medical exam to be sent prior to the survey so that it can be reviewed as a reference for follow-up on physician's orders (see item #44).
39. This item is not currently used.	
40. Individual received adequate and immediate treatment for any medical emergencies in the past year. 460 IAC 6-25-2, 6-25-3, 6-17-3	<ul style="list-style-type: none"> • The surveyor will review the medical record and case notes/nursing notes/waiver participant status monthly summaries to look for evidence that the individual received appropriate and timely medical treatment for any emergencies identified in the past year. • This information is also to be compared to incident reports.
41. Individual received proper follow up care as prescribed by the physician. 460 IAC 6-25-2, 6-25-3	<ul style="list-style-type: none"> • The surveyor will review the medical record and case notes/nursing notes/waiver participant status monthly summary to look for evidence that the individual, as a result of a medical emergency, received proper follow up care in a timely fashion <u>as ordered by the physician.</u>
42. This item is not currently used.	
43. This item is not currently used.	
44. All medical conditions monitored and followed up on as recommended or prescribed by physician. 460 IAC 6-25-3	<ul style="list-style-type: none"> • The surveyor will review the medical record and case notes/nursing notes/waiver participant status monthly summary to look for evidence that the individual has been monitored and has received proper follow up care for all medical conditions <u>as ordered by the physician.</u>
45. This item is not currently used.	
46. Medication needs addressed by the ISP. 460 IAC 6-25-3, 6-25-4.	<ul style="list-style-type: none"> • The ISP must clearly identify the individual's medication needs (usually in the Meeting Issues section) including whether the individual can self-administer medications or whether the provider is responsible to administer medications. • Observations from the setting, reviews of individual records, and interviews with staff and/or the individual by the surveyor will be used to ensure the ISP contains accurate information in regards to the individuals medication needs.
47. Medication by someone other than the individual is properly documented. 460 IAC	<ul style="list-style-type: none"> • If medication is administered by the provider, the provider must have an organized system of medication administration for each individual

6-25-4, 6-25-5, 6-25-6	<p>served containing <u>all the elements in the standard</u>, including an identification and description of each medication, documentation that medication is administered only by trained and authorized personnel (medication administered from the original labeled container, name and amount of medication administered, date and time of administration, initials of individual administering medications), procedures for disposal of unused medication, documentation of medication errors, a system for prevention/minimization of errors, procedures for storage of medication (if required in ISP), documentation of refusals to take medication, and a system for communication among all providers that administer medication to the individual. If an individual's medication administration system requires staff to fill a pill box for the individual to independently take their own medications using the filled pill box, a system confirming that the staff filled the pill box with medication ordered by the physician will need to be present.</p> <ul style="list-style-type: none"> • The organized system of medication administration containing the elements in the standard must be developed by the provider identified in the ISP as being responsible for the health care of the individual and be shared with all providers that administer medication to the individual. • All providers who administer medication to the individual are required to implement and comply with the system as developed by the provider responsible for the system.
48. This item is not currently used.	
49. This item is not currently used.	
50. Individual requires services to manage a seizure disorder. 460 IAC 6-25-3, 6-25-4	<ul style="list-style-type: none"> • If the individual's ISP identifies a need for services to manage a seizure disorder (discussed in the Meeting Issues section), the provider identified in the ISP as responsible for the health care of the individual must develop a system for seizure management. The surveyor will review medical records to assure that any identified need for seizure management services is addressed in the ISP. • If the individual has a history of a seizure disorder but is no longer taking medications to manage seizures and is seizure free, a system for seizure management is not required but <u>the ISP must clearly document that this issue has been addressed by the support team and the individual's physician</u> and that the team is in agreement that no system is required to assure the safety of the individual.
<i>Items 51-55 apply to the seizure management system as required by the individual's ISP</i>	
51. Seizure management system includes staff training on medication administration. 460 IAC 6-25-7	<ul style="list-style-type: none"> • The surveyor will look for documentation that staff administering medications have been appropriately trained to administer medications.
52. Seizure management system includes a seizure tracking system to document events immediately preceding, during, and following a seizure. 460 IAC 6-25--7	<ul style="list-style-type: none"> • The surveyor will look for a seizure tracking system that includes documentation of events immediately preceding, during, and following a seizure. • The tracking system does not have to use the words 'preceding, during and following' but is not complete and acceptable unless all three elements are present and addressed in the system.
53. This item is not currently used	
54. Individual's level of seizure medication checked annually or as ordered by physician. 460 IAC 6-25-7	<ul style="list-style-type: none"> • The surveyor will look for evidence that the levels of the individual's seizure medications have been evaluated at least annually or at the frequency ordered by the physician. The provider may need to request data from the lab or physician to include as documentation in this system.
55. Seizure management system communicated to all providers working with the individual. 460 IAC 6-25-7	<ul style="list-style-type: none"> • The provider identified in the ISP as responsible for the health care of the individual is responsible for assuring that the seizure management system they developed is shared with all providers working with the individual. • The surveyor will look for evidence that this has occurred. It is the

	responsibility of all providers working with the individual to implement and comply with the seizure management system developed by the responsible provider.
Item # 56 is addressed to the individual/ family member, if identified in ISP as responsible for health care coordination	
56. Individual satisfied with how health care needs are being met, receiving adequate support in meeting health care needs, and sharing concerns (if any) with case manager.	<ul style="list-style-type: none"> The surveyor will interview the individual or family member responsible for the individual's health care and attempt to assess their level of satisfaction with meeting health care needs. Surveyors do not cite for a 'no' response, but will forward the individual's or legal representative's concerns to the case manager or BDDS Service Coordinator (for individuals not receiving waiver services).
Safety and Environmental Review Section This section of the survey process addresses the safety of the physical environment and living arrangement. Standards address the provision of supports to ensure the well-being of the individual in an environment suited to the individual's needs as outlined in the ISP, compliance with applicable building and fire codes, and the provider's ability to monitor and maintain a safe living environment for the individual served. In general, the surveyor will note the cleanliness of the environment (free from foul odors, insects and rodents), cleaning and food items stored appropriately, general maintenance of the setting, adequate heating and cooling, furnishings adequate to the individual's needs, appliances and fixtures in good working order, safety of the setting (minimal use of extension cords, no exposed wiring, empty light sockets, no dangerous window treatments, etc.). Items 57-65 apply if a provider has been identified in the ISP as being responsible for providing environmental and living arrangement supports. Items 66-67 apply if the individual or family member is responsible for providing environmental and living arrangement supports.	
57. Home is free from any health and safety risks. 460 IAC 6-29-2.	<ul style="list-style-type: none"> Surveyor will observe interior and exterior of setting to assure that the home is maintained in good repair, and is free from debris, accumulated waste, offensive odors, and rodent or insect infestation. The surveyor will look for documentation (checklist, case notes, etc.) of the provider's assessment of the living environment (every 90 days).
58. Home is accessible to the individual. 460 IAC 6-8-2	<ul style="list-style-type: none"> Surveyor will ascertain that the individual has access to all areas of the setting other than the personal areas of a housemate(s), if any. Any restriction from areas other than a housemate's personal areas must be clearly justified in the ISP and approved by the members of the support team. No restriction can violate the individual's Constitutional and statutory rights.
59. Emergency and informational phone numbers are visible from the telephone used by the individual or as indicated in the ISP. 460 IAC 6-29-8.	<ul style="list-style-type: none"> The surveyor will ascertain that an emergency phone list, including the local emergency number (911), phone number of the individual's legal representative or advocate (if applicable), the local BDDS office, APS/CPS as applicable, the individual's case manager, the DD waiver ombudsman, and the numbers for any other applicable service providers, is visible from the phone used by the individual or as specified in the ISP (in their room, a desk drawer, etc.).
60. Food present in the setting is congruent with the individual's diet needs as identified in the ISP. 460 IAC 6-26-1	<ul style="list-style-type: none"> With permission from the individual, the surveyor will check food storage areas to ascertain that food present in the setting is consistent with needs identified in the ISP. For example, if the ISP notes the individual is to be on a diabetic diet, the surveyor will expect to see sugar free items. Surveyors will take into consideration the food preferences of housemates when assessing this issue.
61. Medications stored according to requirements or as indicated in the ISP. 460 IAC 6-25-4.	<ul style="list-style-type: none"> The surveyor will ascertain that medications are stored in the original labeled prescription container, in a locked area when stored at room temperature, in a locked container if stored in the refrigerator, stored separately from non-medical items, and stored under prescribed conditions of temperature, light, humidity, and ventilation <u>unless</u> the ISP specifically indicates an alternative storage system. In the absence of a storage system identified in the ISP, the surveyor will expect medications to be stored in compliance with the standard.

62. All adaptive equipment identified in the ISP is present and the individual and staff know how to use the equipment. 460 IAC 6-29-3.	<ul style="list-style-type: none"> The surveyor will ascertain that all adaptive equipment (including glasses, hearing aides, communication devices, mobility aides, eating utensils, etc.) identified as needed in the ISP or as discovered during interviews or data review, is present and in proper working condition. The surveyor will look for evidence that the individual uses the equipment as intended and that the individual and staff know how to properly use the equipment.
63. Working smoke alarm present in areas identified by fire marshal. 460 IAC 6-10-7(a); 6-29-4	<ul style="list-style-type: none"> The surveyor will ascertain that a smoke alarm suitable to the individual's needs (visual or audio) is located in areas as designated by the fire marshal (typically near kitchen area and sleeping area unless they are in close proximity) and that there is documentation that the alarm is tested at least monthly (tag, checklist, environmental living assessment, etc.). If the smoke alarm unit allows, and the individual grants permission, the surveyor will test the smoke alarm to ensure it is in working condition.
64. Working fire extinguisher present and checked annually. 460 IAC 6-29-4.	<ul style="list-style-type: none"> The surveyor will ascertain that a working fire extinguisher is present in the individual's living area and that there is documentation that the fire extinguisher is checked annually (tag, checklist, environmental living assessment, etc.).
65. Tap water at maximum of 110 degrees Fahrenheit or less unless ISP specifies that individual can mix own water independently and this safeguard is not required. 460 IAC 6-29-4.	<ul style="list-style-type: none"> Unless the ISP specifies that the individual can mix his/her own water, the surveyor will test all hot water sources to ensure water temperatures do not exceed 110 degrees Fahrenheit. A statement in the ISP indicating that staff will mix water for the individual is not an acceptable alternative to ensuring the water temperature is 110 degrees or below, as the individual can still inadvertently be injured when water temperature is over 110 degrees.
66. All health and safety issues in home being handled appropriately. 460 IAC 6-29	<ul style="list-style-type: none"> The surveyor will solicit a response from the individual or family member regarding their satisfaction with health and safety issues in the home. Surveyors do not cite for a 'no' response, but will forward the individual's or legal representative's concerns to the case manager or BDDS Service Coordinator (for individuals not receiving waiver services).
67. All environmental or living supports in home being handled appropriately. 460 IAC 6-29	<ul style="list-style-type: none"> The surveyor will solicit a response from the individual or family member regarding their satisfaction with environmental and/or living supports in the home. Surveyors do not cite for a 'no' response, but will forward the individual's or legal representative's concerns to the case manager or BDDS Service Coordinator (for individuals not receiving waiver services).
68. Current ISP in home.	<ul style="list-style-type: none"> The surveyor will review the ISP in the home to assure that it is the same as the ISP sent in preparation for the survey by the case manager to verify that the current ISP is being used in the home. The provider will not be cited if they can show evidence of documented attempts (copies or e-mails, letters) to obtain a current copy of the ISP that has not been provided by the case manager or BDDS Service Coordinator (for individuals not receiving waiver services).
69. This item is not currently used.	

Documentation Review Section

This section of the survey addresses documentation review, focusing primarily on the ISP and the individual's personal file that is maintained in the home. Information obtained through interviews with the individual and provider staff will also be used to determine compliance with the rule. Health and behavioral issues are included in the Meeting Issues and Requirements section of the ISP. This section is used to indicate whether a provider is needed to provide health care and behavioral supports, and to identify the provider **for each** if needed. Some individuals have no need for behavioral supports, so no provider will be indicated. Some individuals attend to their own health needs, or have guardians/parents who have chosen to monitor health issues and coordinate services. The majority of cases however will be those in which

<p>the residential provider is identified as the provider responsible for health care. This ISP subsection is also used to identify health and behavioral issues, and to document comments containing a discussion of how each issue affects the individual and is addressed by the ISP (i.e. the specific supports needed for each issue). A personal file is maintained at the individual's residence by the residential provider and contains, at minimum, two months worth of documentation of services provided. At this point in the survey the surveyor will have gotten to know the individual at some level through execution of previous survey questions, review of incident reports and other data prior to arriving at the home, and discussion with the individual and provider staff while at the home.</p>	
<p>70-86. Health and behavioral issues identified in the ISP 460 IAC 7-5-8</p> <p>(A) Seizures or history of seizures. (B) Allergies or history of allergies. (C) Uses or requires dentures. (D) Chewing difficulties. (E) Swallowing difficulties. (F) Dining difficulties. (G) Vision difficulties. (H) Hearing difficulties. (I) Speaking difficulties or the individual's mode of communication. (J) Behavior issues. (K) Health or behavior issue identified as a result of a review of incident reports concerning the individual. (L) Medication or self medication issues, or both. (M) Results of laboratory testing. (N) Any other chronic condition or healthcare issue.</p>	<ul style="list-style-type: none"> • If a provider is determined to be needed to provide either health care or behavioral supports, the provider(s) must be identified in the Meeting Issues and Requirements section of the ISP. • Each health and/or behavioral issue as determined by the individual's support team should be identified in the Meeting Issues and Requirements section of the ISP. • Each identified health or behavioral issue must include a comment section that contains a discussion of how the health or behavioral issue affects the individual and is addressed by the ISP (ie. specific supports needed for each issue). • If a health or behavioral issue has been identified in the ISP, the surveyor will look for documentation that services and supports addressing the issue are in place, as applicable. For example, if the ISP identifies dentures as an issue for the individual, the surveyor will look for documentation/evidence that the individual has dentures, or that an appointment has been made to obtain them. If the ISP identifies chewing as an issue, the surveyor will look for documentation/evidence that food is being pureed or ground, that soft food is available for the individual and that staff are aware of the individual's need and have been trained, and that supports are in place to accommodate the need. • A citation addressing a health or behavioral issue that is not identified in the ISP may occur if the surveyor encounters evidence (through data review, interview, or other means) confirming that an issue does exist but for whatever reason has not been identified in this section (i.e. seizures is not identified in the Meeting Issues section but there is evidence in the individual's record of a diagnosis of seizure disorder or a history of seizures; dining difficulties not identified as an issue, but individual is eating a modified diet as a result of professional assessment; etc.).
87. This item is not currently used.	
88. This item is not currently used	
89. This item is not currently used	
<p>90. Individual's personal file contains documentation for the two months including a description of the individual's residential habilitation supports activities addressing outcomes in the individual's ISP, a summary of issues affecting the health, safety and welfare of the individual requiring intervention by a healthcare professional, case manager, behavior support services provider or BDDS staff member.</p>	<ul style="list-style-type: none"> • The provider identified in the ISP (usually the RHS provider) is responsible to maintain the individual's personal file in the individual's residence or in the primary location where the individual receives services. This file must contain 2 months worth of waiver participant status monthly summary information, as well as data associated with any system or strategy as prescribed in the ISP. • The surveyor will look for a description of the individual's residential habilitation supports activities addressing outcomes in the individual's ISP, and a summary of issues affecting the health, safety and welfare of the individual requiring intervention by a healthcare professional, case manager, behavior support services provider or BDDS staff member. • The surveyor can use information obtained from interviews with the individual and/or provider employees, incident reports, and other documentation available in the home to assist with ensuring the personal file contains complete information.
91. Documentation and environment free of evidence that a reportable incident may	<ul style="list-style-type: none"> • If during the review of the record or in observation, the surveyor notes evidence of a reportable incident, he/she will ascertain that the provider

not have been reported. 460 IAC 6-9-5	<p>has appropriately filed the incident report.</p> <ul style="list-style-type: none"> • If an incident report has not been filed, the provider will be cited and directed to file the appropriate incident report(s). The follow up visit will require review to assure that the incident report has been filed.
92. This item is not currently used	
Staff Interview Section Providers are responsible to assure that staff working with an individual have been trained in both general concepts (protection of an individual's rights, incident reporting, universal precautions, etc) and in individual specific concepts (individual's diet, behavior support plan, etc.) to assure the health and safety of the individual, as well as the efficient and effective provision of services and supports. In this section of the process, the surveyor will interview staff to determine that staff can exhibit the required competencies.	
93. Staff can demonstrate knowledge of Universal Precautions. 460 IAC 6-14-4	<ul style="list-style-type: none"> • The surveyor will ascertain the staff person's knowledge of the use of universal precautions and how they are used on the job. • Staff must be able to generally describe the purpose and steps in using universal precautions – for example frequent hand washing, concern with all bodily fluids as contaminated, need to sanitize surfaces after spills, need to dispose of waste materials in a safe manner, etc. • The surveyor will be looking for a good working knowledge, rather than a rote recitation of the steps. For example, a response to the question 'what steps would you take to clean up a blood spill?' consisting of 'I would call maintenance' is not sufficient. An example of an acceptable response would be: "I'd wipe the area with towels, then sanitize with the 10/1 bleach solution using plastic gloves, and dispose of all items used during the clean-up, double bagging it and placing it in the outside garbage can."
94. Staff are familiar with the signs and symptoms of seizure activity, including an aura prior to a seizure. 460 IAC 6-14-4	<ul style="list-style-type: none"> • If the individual being served has a seizure disorder as identified on the ISP, the surveyor will interview staff working with the individual to ascertain the staff person's knowledge of the individual's signs of seizure activity.
95. Staff can demonstrate how they document a seizure. 460 IAC 6-25-7	<ul style="list-style-type: none"> • If the individual being served has a seizure disorder as identified on the ISP, the surveyor will interview staff working with the individual to ascertain the staff person's knowledge of the individual's seizure management plan and required documentation. • Staff may be asked to describe what occurs before, during and after a seizure and to produce examples of the individual's seizure tracking form to demonstrate competency on this item. • The tracking record completed by staff must contain events that occur immediately before, during and following a seizure.
96. Staff can demonstrate knowledge of the individual's dietary needs. 460 IAC 6-14-4	<ul style="list-style-type: none"> • The surveyor will interview staff working with the individual to ascertain that the staff have been trained in and are familiar with the individual-specific treatments and interventions needed to manage the individual's dietary and nutritional needs, including how to prepare the individual's food (if applicable to the setting), any chewing difficulties, positioning needs, special techniques or adaptive equipment, etc. as indicated in the ISP, or as discovered during data review or interviews.
97. Staff knows how to report an incident to BDDS and can identify examples of reportable incidents. Staff is aware that they can independently report incidents to APS/CPS. 460 IAC 6-9-5	<ul style="list-style-type: none"> • Staff should be knowledgeable and competent in reporting incidents to BDDS regardless of and separate from any internal agency procedures for reporting incidents. • Staff may refer to a procedure or other document in the setting for the exact process to report incidents, but they must have a good working knowledge of the types of incidents that are reportable to BDDS (i.e. abuse, neglect, exploitation, death, elopement, unknown injury, suspected criminal activity, inadequate staff coverage or medical support, significant medical errors, or any event that may cause risk of significant injury). • Staff also must know that they may independently report certain

	incidents to APS/CPS.
98. Staff are aware of possible side effects of the individual's medication. 460 IAC 6-14-4; 6-25-6	<ul style="list-style-type: none"> • If the individual takes medications as indicated in the ISP, the surveyor will interview staff to ascertain that the person working with the individual has been trained and is familiar with the possible side effects of the individual's medication(s). • Staff may consult a document in the setting for details, but should be able to list several side effects of the medication to demonstrate competency without this consultation.
99. Staff are trained in the individual's behavioral support plan. 460 IAC 6-14-4, 6-18-2	<ul style="list-style-type: none"> • If the individual has a behavioral support plan as indicated in the ISP, the surveyor will interview staff to ascertain that staff working with the individual are aware of the specific behaviors targeted by the BSP and are familiar with the interventions in the plan that they have been trained to implement. • Staff are required to implement the BSP developed by the provider responsible for its development as identified in the individual's ISP. • BQIS survey staff will need access to training documents for the direct service staff interviewed. • The behavior support services provider is responsible for staff training on the individual's BSP, including immediate staff supervisor(s) or QMRP, and is cited if this training has not occurred. • The residential provider is cited if staff that were not present during the BSS provider training, or were hired following this training, are not trained. This training can be done by immediate staff supervisor (s) or QMRP employed by the residential provider, if these employees have been trained on the BSP by the BSS provider. • The residential provider is cited if training has occurred but staff are unfamiliar with the targeted behaviors and interventions/techniques contained in the behavioral support plan.
100. Staff have been trained in non-injurious aggression management techniques. 460 IAC 6-18-3	<ul style="list-style-type: none"> • If the individual has a behavioral support plan which includes physical restraint as indicated in the ISP, the surveyor will interview staff to ascertain that staff working with the individual have been trained in non-injurious aggression management techniques and have an understanding of the proper utilization of such restraints as an intervention in the implementation of the BSP.
101. Staff are aware of what to do in case of fire. 460 IAC 6-14-4(7).	<ul style="list-style-type: none"> • The surveyor will interview staff to ascertain that the staff person working with the individual is familiar with evacuation procedures and their responsibilities in the event of a fire in the residence. • The proper response may vary (i.e. exit and meet in the parking lot, exit and meet in the park across the street, etc.) but should focus on assuring that the individual is evacuated from the residence and that appropriate authorities are contacted.
102. Staff are aware of what to do in case of a tornado. 460 IAC 6-14-4(7).	<ul style="list-style-type: none"> • The surveyor will interview staff to ascertain that the staff person working with the individual is familiar with evacuation procedures and their responsibilities in the event of a tornado warning. • The proper response may vary, but should focus on assuring that the individual is directed to the safest location in the residence (bathroom, inside hallway, etc.).
103. Staff are aware of what to do if they smell natural gas. 460 IAC 6-14-4(7)	<ul style="list-style-type: none"> • If the individual addressed by the survey lives in a residential setting where natural gas is not in use (all electric), this item does not apply. • The surveyor will interview staff to ascertain that the staff person working with the individual is familiar with evacuation procedures and their responsibilities in the event that a natural gas leak is detected. • The proper response may vary (i.e. exit and call the gas company from the neighbor's or exit and call supervisor), but should focus on assuring that the individual is evacuated from the residence and that appropriate authorities are contacted.

<p>104. Visit and survey are free of any observed incidents of or evidence of a reportable incident. IAC 460 6-9-5</p>	<ul style="list-style-type: none"> • If during the survey a reportable incident is observed by the surveyor, the surveyor will file an incident report. • If the situation requires, the surveyor will confer with BQIS supervisory and administrative staff on whether to implement the BQIS imminent danger policy.
<p>105. Visit and survey are free from any observed health or safety concerns for the individual not addressed in the items listed above that do not meet the BDDS incident reporting criteria.</p>	<ul style="list-style-type: none"> • If during the survey a concern is noted by the surveyor that does not rise to the level of a reportable incident, the surveyor will note the concern in the survey results letter.